

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Edwin Dora Maldonado

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo, P.R. 00613-2795

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel

Title (if Participant is not an individual)

8-18-2021  
Date

RECEIVED & FILED  
2021 SEP - 1 PM 3:55  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, P.R.

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

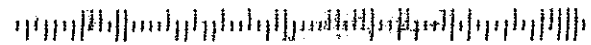
Prime Clerk LLC  
Grand Central Station  
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New York NY 10163-4708

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**LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT/GENERAL COUNSEL.**

PR 1845 SRF 55593 PackID: 151824 MMLID: 1751052-P SVC: MML-PC  
COLON MALDONADO, EDWIN  
NORA CRUZ MOLINA - ATTORNEY  
PO BOX 2795  
ARECIBO PR 00613-2795

00613-2795 8014



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Edwin Celia Maldonado

Participant's Address: \_\_\_\_\_

Participant's Email Address: \_\_\_\_\_

Name of Counsel: Nora Cruz Molina

Address of Counsel: P.O. Box 2795 Arecibo P.R. 00613-2795

Email Address of Counsel: nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: \_\_\_\_\_

Nature of Claim: \_\_\_\_\_

By: [Signature]

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-18-2021

Date

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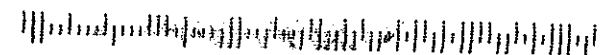
Prime Clerk LLC  
Grand Central Station  
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New York NY 10163-4708

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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT/GENERAL COUNSEL.

PR 1845 SRF 55593 PackID: 151823 MMLID: 1419040-P SVC: MML-PC  
COLON MALDONADO, EDWIN  
NORA CRUZ MOLINA  
PO BOX 2795  
ARECIBO PR 00613-2795

006132795 8814





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Edwin Colon Maldonado

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Caguas P.R. 00618-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel

Title (if Participant is not an individual)

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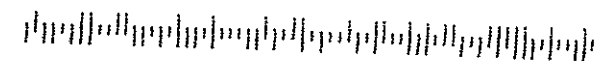
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PO Box 4708  
New York, NY 10163-4708

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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNSEL.

PR 1845 SRF 55593 PACKID: 96135 MMLID: 983309-N SVC: CHN-PC  
COLON MALDONADO, EDWIN  
NORA CRUZ MOLINA  
ATTORNEY  
P.O. BOX 2795  
ARECIBO PR 00613-2795

006132795 5014



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Cesar Jimenez Maldonado  
Participant's Address: \_\_\_\_\_  
Participant's Email Address: \_\_\_\_\_  
Name of Counsel: Nora Cruz Molina  
Address of Counsel: P.O. Box 2795 Arecibo PR 00613  
Email Address of Counsel: nora.cruz.molina@gmail.com

RECEIVED & FILED  
2021 SEP - 1 PM 3:55  
CLERK'S OFFICE  
U.S. DISTRICT COURT  
SAN JUAN, PR

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: \_\_\_\_\_  
Nature of Claim: \_\_\_\_\_

By: [Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

8-18-2021  
Date

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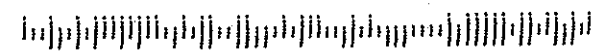
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New York, NY 10163-4708

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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNSEL.

PR 1845 SRF 55593 PACKID: 220447 MMLID: 2045165-N SVC: CHN-PC  
JIMENEZ MALDONADO, CESAR  
PO BOX 2795  
ARECIBO PR 00613

0061382755 B014





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Edward Reyes Guzman

Participant's Address:

P.O. Box 141291, Hialeah, FL 33112-0000

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795, Hialeah, FL 33112-0000

Email Address of Counsel:

nora-cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-18-2021

Date

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New York, NY 10163-4850

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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNSEL.

PR 1845 SRF 55176 PackID: 224091 MMLID: 148765-P SVC: MML-PC  
EDWARD REYES GUZMAN  
LCDA. NORA CRUZ MOLINA  
545 AVE JOSI DE CEDEQO  
ARECIBO PR 00612



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Edward Reyes Guxman

Participant's Address:

Participant's Email Address:

Name of Counsel:

Noa Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo, PR 00613-2795

Email Address of Counsel:

noa.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Noa Cruz Molina  
Print Name

Counsel  
Title (if Participant is not an individual)

9-25-2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

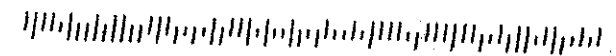
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PO Box 4708  
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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT/GENERAL COUNSEL.

PR 1845 SRF 55593 PackID: 224091 MMLID: 148765-P SVC: MML-PC  
EDWARD REYES GUZMÁN  
LCDA. NORA CRUZ MOLINA  
545 AVE JOSÉ DE CEDEÑO  
ARECIBO PR '00612

0061263924 C009





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Francisco de Jimenez Alvarez

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795, P.R. 00013-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-25-2021

Date

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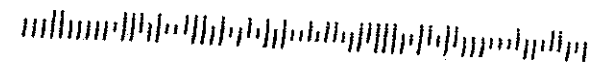
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PR 1845 SRF 55593 PackID: 68618 MMLID: 178135-NP SVC: MML-PC  
JIMENEZ ALVAREZ, FRANCISCO J  
NORA CRUZ MOLINA  
DESPACHO LEGAL LCDA. NORA CRUZ MOLINA  
P.O. BOX 2795  
ARECIBO PR 00613-2795

006132795 8014



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

William Ramirez Navarro

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

Nora Cruz Medina

P.O. Box 2795 Recibo

nora.cruz-medina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Nora Cruz Medina

Print Name

Counsel

Title (if Participant is not an individual)

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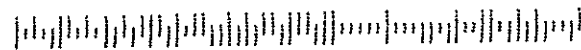
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PR 1845 SRF 55593 PACKID: 336166 MMLID: 1932176-N SVC: CHN-PC  
MARRERO, RAMIREZ RA  
C/O NORA CRUZ MOLINA  
ATTORNEY  
P.O. BOX 2795  
ARECIBO PR 00613-2795

0061382795 B014



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Rafael V. Vazquez Jones

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

Nora Cruz Molina

P.O. Box 2795, P.R. 00613-2795

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel

Title (if Participant is not an individual)

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Vickie Aguila Gering

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arcebo P.R. 00613-2795

Email Address of Counsel:

nora-cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

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Nature of Claim:

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Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

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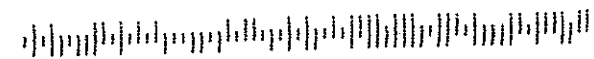
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New York, NY 10163-4708

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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNSEL.

PR 1845 SRF 55593 PACKID: 5808 MMLID: 944511-P SVC: CHN-PC  
AGUILA GEIRING, VICKIE  
CO NORA MOLINA CRUZ  
PO BOX 2795  
ARECIBO PR 00613-2795

006132795 8014



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Vickie Angila Gearing

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arecibo, P.R. 00613-2795

Email Address of Counsel:

nora-cruz-molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

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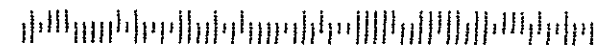
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PR 1845 SRF 55593 PACKID: 5809 MMLID: 1774658-N SVC: CHN-PC  
AGUILA GEIRING, VICKIE  
NORA CRUZ MOLINA, ATTORNEY  
P.O. BOX 2795  
ARECIBO PR 00613-2795

006132795 B014



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Participant's Name:

Participant's Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

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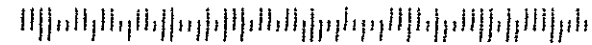
Case:17-03283-LTS Doc#:18025-1 Filed:09/03/21 Entered:09/03/21 10:41:23 Desc:  
Pro se Notices of Participation Page 23 of 36

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LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNSEL.

PR 1845 SRF 55593 PACKID: 461520 MMLID: 1767769-N SVC: CHN-PC  
TAFFARELLI RODRIGUEZ, YOLANDA  
NORA CRUZ MOLNA, ATTORNEY  
P.O.BOX 2795  
ARECIBO PR 00613-2795

006132795 B014





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

José Orama Ramos

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Arceibo, P.R. 00613-2795

Email Address of Counsel:

Nora.cruz.molina@gmail.com

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Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

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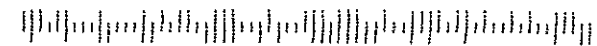
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PR 1845 SRF 55593 PACKID: 384392 MMLID: 1235233-N SVC: CHN-PC  
ORAMA RAMOS, JOSE J  
NORA CRUZ MOLINA  
P.O. BOX 2795  
ARECIBO PR 00613-2797

0061382795 8014



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Daniel Flores Mojica / Jacqueline Soler Perez

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795 Hato Bo, P.R. 00613-2795

Email Address of Counsel:

Nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

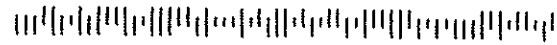
Title (if Participant is not an individual)

9-10-2021

Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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PR 1845 SRF 55593 PackID: 267844 MMLID: 174757-P SVC: MML-PC  
FLORES MÓJICA, DANIEL; JACKELINE SOTO PÉREZ  
LCDA. NORA CRUZ MOLINA  
PO BOX 2795  
ARECIBO PR 00613-2795



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Daniel Flores Mojica / Jackeline Ochoa Perez

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2745 Arcoibo, P.R. 00613-2745

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-18-2021

Date

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FLORES MÓJICA, DANIEL; JACKELINE SOTO PÉREZ  
NORA CRUZ MOLINA  
PO BOX 2795  
ARECIBO PR 00613-2795

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Angel Burgos Torres y Otros

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2795, Arcebo, P.R. 00613-2795

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Nora Cruz Molina

Print Name

Counsel

Title (if Participant is not an individual)

8-18-2021

Date

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PR 1845 SRF 55593 PackID: 94234 MMLID: 1418834-P SVC: MML-PC  
BURGOS TORRES, ANGEL J. Y OTROS  
NORA CRUZ MOLINA  
PO BOX 2795  
ARECIBO PR 00613-2795

0051382796 Page 4

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Noradon Cardeleana Ponce

Participant's Address:

Participant's Email Address:

Name of Counsel:

Nora Cruz Molina

Address of Counsel:

P.O. Box 2745 Arecibo P.R. 00613 - 2745

Email Address of Counsel:

nora.cruz.molina@gmail.com

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel

Title (if Participant is not an individual)

8-18-2021  
Date

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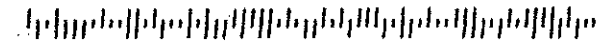
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PR 1845 SRF 55593 PackID: 103214 MMLID: 1931700-NP SVC:  
MML-PC  
Candelaria Ponce, Esteban  
Nora Cruz Molina  
PO Box 2795  
Arecibo PR 00613-2795

00613-2795 5014



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Nora Cruz Molina

Participant's Address:

P.O. Box 2795, Arcebo P.R. 00413-2795

Participant's Email Address:

nora-cruz-molina@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

[Signature]  
Signature

Nora Cruz Molina  
Print Name

Counsel

Title (if Participant is not an individual)

9-18-2021

Date

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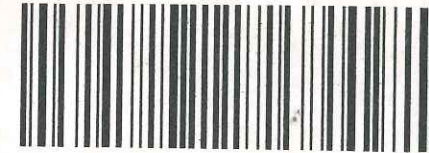
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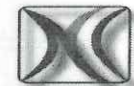
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